



New Network Account Form

Information Technology Services - Massachusetts Department Of Public Health

Please be advised that all network account requests need to be submitted a minimum of one week prior to user's start date.

GENERAL INFO

First Name	<input type="text"/>	M	<input type="checkbox"/>	Last Name	<input type="text"/>
Start Date	<input type="text"/>	Employment Status	<input type="text" value="Employee"/>	End Date	<input type="text"/>
<small>*If NOT a State Employee.</small>					
Division	<input type="text"/>	Supervisor	<input type="text"/>		
Site	<input type="text" value="Central Office"/>	Room / Cubicle	<input type="text"/>	Phone #	<input type="text"/>

SECURITY ACCESS

(Convenient) Please give user same rights as:

OR / AND:

Permissions:

Add to the following groups:

Needs access to the following folders.

Read Only - Full

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

E-MAIL

Unless requested, user will not have an email address Distribution Lists. (Separate with commas)

Email Account ☐

Mailbox Size:

ADDITIONAL

The following may require additional forms
Please check all that are required

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Desktop Computer | <input type="checkbox"/> VPN |
| <input type="checkbox"/> Laptop / Notebook | <input type="checkbox"/> Jump Drive |
| <input type="checkbox"/> BlackBerry | <input type="checkbox"/> Cell Phone |

Other

Additional Software:
(Photoshop, Visio, etc.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Additional Applications:
(MMARS, Meditech, etc.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Notes:

Requested By:

Date

Approved By:

Date